

## **INVOICE FORM**

Westchester BID/Westchester Town Center BID 2012-2013

INDIVIDUAL/ORGANIZATION NAME		FISCAL YEAR	AFE OR CONTRACT NUMBER	
8929 S. Sepulveda Blvd., #130		Westchester	CA	90045
ADDRESS		CITY	STATE	ZIP CODE
Don Duckworth	310-417-9030	310-417-9031	duckworth.donald@gmail.com	
CONTACT	TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
26-0569506			0002266685-0001-1	
SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER			BUSINESS TAX REGISTRATION NO.	

**Department of Cultural Affairs** ( ) **AFE**  
**201 North Figueroa Street, Suite 1400** ( ) **Personal Svcs. Contract**  
**Los Angeles CA 90012** ( ) **Sub P.O./Purchase Order**

Please describe below, the service provided for which payment is being requested; include the date, time and place of the event:

Design and production of window painting art by local school students coordinated by Otis College of Art & Design students/class

**PLEASE PAY THE AMOUNT OF: \$ 1,000.00**

I certify under penalty of perjury that the service(s) for which payment is hereby requested has/have been performed by me, or the above organization that I represent, in full compliance with the requirements and/or provisions of the contract AFE.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

## THE DIF

WTC BID TITLE

**FOR DCA USE ONLY:**

**SIGNATURE**

TITLE 6

**FOR DCA USE ONLY:**

*This section is to be completed by an authorized employee of the Center/Facility/Division overseeing the Contract AFE.*

SERVICES & DOCUMENTS REQUIRED BY CONTRACT OR AFE # \_\_\_\_\_ WERE RECEIVED BY \_\_\_\_\_

ME ON - - - AND I HEREBY APPROVE THIS INVOICE FOR PAYMENT

ME ON \_\_\_\_ - \_\_\_\_ - \_\_\_\_ AND I HEREBY APPROVE THIS INVOICE FOR PAYMENT

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**AUTHORIZED SIGNATURE**

DATE

**FOR DCA ACCOUNTING USE ONLY**

( ) Receipt Verification

I certify that the materials, supplies, or services covered by this bill were received and/or verified by me on \_\_\_\_\_ and compliance with the contract terms.

Living Wage Ordinance on file, if applicable

( ) Insurance Verification

I certify that evidence of approved insurance is on file in the City Attorney's Office. If applicable,

( ) Declaration of Compliance of the Equal Benefits Ordinance is on file.

SIGNATURE

DATE